

International Society of Family History Writers and Editors Membership Form

Annual Dues are \$15 — **in U. S. funds only, please.**

1 January - 31 December



Please fill out the form completely and legibly.

Check here if any of the Information below is a change from last year

Name: _____
DBA: _____
Street Address or P.O. Box: _____
City: _____ State/Province: _____ Country: _____
Zip/Postal Code: _____ Phone: (_____) _____
Cell Phone: (_____) _____ Fax: (_____) _____
E-Mail Address: _____

Please subscribe me to the ISFHWE Members-Only Website Yes No

Please include my information in the membership roster Yes No

The *Columns* newsletter will be e-mailed to you.

Check all that apply:

- Writer
- Family Historian/Writer
- Webmaster
- Publisher
- Editor
- Consultant
- Columnist
- Blogger
- Podcaster
- "Want-to-be" Writer

Mail the **completed** form with your payment

(If paying by cash or check) to
ISFHWE

P.O. Box 38314
Olmsted Falls, OH 44138-0314

Payment Method:

- Cash
- Check (made payable to ISFHWE
Enter check # _____)
- Paid online via PayPal

Membership Type:

- New
- Renewal
- Please ALWAYS fill out form above
Completely, Check here if any of the
Information above is NEW!**

www.ISFHWE.org

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